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FILING DATE

01/03/2002

SMALL ENTITY

NO

MARGER JOHNSON & MCCOLLOM, P.C.

210 SW MORRISON STREET, SUITE 400

09/26/2006

7590

PORTLAND, OR 97204

20575

APPLICATION NO

10/038,539

DECISION PURPOSES

APPLN, TYPE

nonprovisional

EXAMINER

HING MIN

Change in Entity Status (from status indicated above)
 a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

Typed or printed name Michael A.

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

Authorized Signature

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FIRST NAMED INVENTOR

Ning Mo

PUBLICATION FEE DUE

sn

CLASS-SUBCLASS

370-356000

TITLE OF INVENTION: DEVICES. SOFTWARES AND METHODS FOR PRIORITIZING BETWEEN VOICE DATA PACKETS FOR DISCARD

ISSUE FEE DUE

\$1400

ART UNIT

2616

el.

Cofield

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ATTORNEY DOCKET NO.

2705-200

TOTAL FEE(S) DUE

\$1400

(Signature)

CONFIRMATION NO

7096

DATE DUE

12/26/2006

(Date)

Kim M. Ramsev

PREV. PAID ISSUE FEE

\$0

□ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

Registration No. 54,630

November 9, 2006

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Date

November 9, 2006

I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).  ☐ Change of correspondence address (or Change of Correspondence Address form FTO/SB/122) attacket.  ☐ "Fee Address" indication (or "Fee Address" Indication form FTO/SB/47, Rev 03-02. or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printice.	MGCOLLOM, P.C.
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CISCO TECHNOLOGY, INC.	San Jose, California	
Please check the appropriate assignee category or categories (will not be printed on the patent):		
4a. The following fec(s) are submitted:  \$\infty\$ Issue Fee Publication Fee (No small entity discount permitted)  Advance Order - # of Copies	Depayment of Fee(s): (Please first reapply any previous):  A check is enclosed.  Call Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the require overpayment, to Deposit Account Number 13 − 17.  The Director is hereby authorized to place the require overpayment, to Deposit Account Number 13 − 17.	(Via EFS Filing)

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